

# Bacterial Density Request Form

Please fill in all of the gray areas.



**State of Idaho**  
**Bureau of Laboratories**  
 2220 Old Penitentiary Rd.  
 Boise, ID 83712  
 208-334-2235  
 EPA ID00018

CUSTOMER NAME / AGENCY:		
Address:		
City:	State:	Zip:
Attention:		Contact Phone:
Additional copy of report sent to: Name:		Agency, If Applicable
Address: City, State, Zip Code		
Collected by	Date Submitted (Mo, Day, Yr)	DEQ Project #

SAMPLE TYPE (Check Appropriate Boxes) <div style="display: flex; flex-wrap: wrap;"> <div style="width: 25%;"><input type="checkbox"/> Wastewater</div> <div style="width: 25%;"><input type="checkbox"/> Surface Water (Recreational)</div> <div style="width: 25%;"><input type="checkbox"/> Drinking Water</div> <div style="width: 25%;"><input type="checkbox"/> Sludge</div> <div style="width: 25%;"><input type="checkbox"/> Raw</div> <div style="width: 25%;"><input type="checkbox"/> Cross Composite</div> <div style="width: 25%;"><input type="checkbox"/> Ground Water (Monitoring)</div> <div style="width: 25%;"><input type="checkbox"/> Soil</div> <div style="width: 25%;"><input type="checkbox"/> Final</div> <div style="width: 25%;"><input type="checkbox"/> Depth Integrated</div> <div style="width: 25%;"><input type="checkbox"/> Other</div> <div style="width: 25%;"><input type="checkbox"/> Chlorinated</div> <div style="width: 25%;"><input type="checkbox"/> Grab</div> </div>			
PURPOSE OF SURVEY (Check one box) <div style="display: flex; flex-wrap: wrap;"> <div style="width: 25%;"><input type="checkbox"/> Intensive Survey</div> <div style="width: 25%;"><input type="checkbox"/> Trend</div> <div style="width: 25%;"><input type="checkbox"/> Compliance</div> <div style="width: 25%;"><input type="checkbox"/> Other</div> </div>			
SAMPLE TAKEN FROM (Check appropriate Boxes) <div style="display: flex; flex-wrap: wrap;"> <div style="width: 25%;"><input type="checkbox"/> Spring</div> <div style="width: 25%;"><input type="checkbox"/> Creek</div> <div style="width: 25%;"><input type="checkbox"/> River</div> <div style="width: 25%;"><input type="checkbox"/> Reservoir</div> <div style="width: 25%;"><input type="checkbox"/> Lake</div> <div style="width: 25%;"><input type="checkbox"/> STP</div> <div style="width: 25%;"><input type="checkbox"/> Industrial</div> <div style="width: 25%;"><input type="checkbox"/> Drain</div> <div style="width: 25%;"><input type="checkbox"/> Lagoon</div> <div style="width: 25%;"><input type="checkbox"/> Other</div> </div>			
PRESERVATION METHOD (Check appropriate boxes) <div style="display: flex; flex-wrap: wrap;"> <div style="width: 25%;"><input type="checkbox"/> Cooled 4C</div> <div style="width: 25%;"><input type="checkbox"/> Sodium Thiosulfate</div> <div style="width: 25%;"><input type="checkbox"/> Both</div> <div style="width: 25%;"><input type="checkbox"/> Other</div> </div>			
TEST REQUESTED (Check appropriate boxes) <div style="display: flex; flex-wrap: wrap;"> <div style="width: 25%;"><input type="checkbox"/> Total Coliform</div> <div style="width: 25%;"><input type="checkbox"/> Fecal Coliform</div> <div style="width: 25%;"><input type="checkbox"/> E.coli</div> <div style="width: 25%;"><input type="checkbox"/> Other (See Directions on Back of Form)</div> </div>			

LABORATORY Sample Number (LAB USE ONLY)	Customer Sample ID	Sample Location	Date Collected (Mo/Day/Yr)	Time Collected (Military)

## Chain-of-Custody Information

Relinquished by:	Date:	Time:	Received by:	Relinquished by:	Date:	Time:	Received by:

## Special Instructions:



Get your forms on the web at: <http://www.healthy.idaho.gov>; select 'Lab Submission Forms'

LABORATORY USE ONLY

How Received: Courier Walk-In Mail # Bottles / Sample: 1 Container Type: IDEXX Nalgene  
 Received by: \_\_\_\_\_ Billing / Receipt: \_\_\_\_\_ Lab Sample #: \_\_\_\_\_  
 Date / Time Received: \_\_\_\_\_ Lab Order ID: \_\_\_\_\_

Updated 5/18/06

# Bacterial Density Request Form Instructions

## General

Person taking the sample must fill in the sample container label with identification information immediately after taking sample.

Person submitting the sample(s) must fill in all of the gray areas of the form legibly and in ink. Chain of custody is recommended.

This form may be used for submitting up to 8 samples at different locations and times. If you are submitting more than 8 samples taken on the same day just mark a second form as page 2. Samples collected on different days must be submitted on separate forms. A project number is required for all samples submitted by DEQ.

A one inch head space must be left between the level of the sample and the lid.

Samples should be shipped cold, not frozen. It is also recommended samples not be shipped surrounded by ice to reduce the possibility of contamination.

## Samples by Type-- Special Requirements---Routine Testing Methods.

**Source water** must be kept at < 10° C while in transit and reach the laboratory within 8 hours of collection. Contact Laboratory for testing methods.

**Ambient/Recreational Water, Monitoring Wells and Wastewater** must be submitted as soon as possible (within 8 hours). In the event it is impossible to meet the 8 hour holding time due to distance from sampling site to laboratory the length of time from sampling to analysis should remain constant for the length of the project.

Ambient water/recreational water and monitoring wells will be tested by MPN/100mL utilizing a defined substrate method (SM9223B-QT).

Wastewater and water associated with CAFOS will be run by MPN/100mL utilizing fermentation broth method and a minimum of 3 dilutions by SM9221B for total coliform, SM9221E for fecal coliform and/ or SM9221F for *E. coli*.

**Drinking Water** samples must be submitted and testing set up within 30 hours from the time of collection. It is recommended samples be kept cold during transit. Routine testing is done by MPN/100mL utilizing a defined substrate method (SM9223B-QT).

**Heterotrophic plate count** performed on all types of water will utilize SM9215B, the pour plate.

Additional testing is available upon request including Enterococcus by defined substrate, legionella by membrane filter (Screen), Salmonella, and *Pseudomonas aeruginosa*. Please contact the environmental microbiology section at (208-334-2235) if you have additional testing needs or questions or go to the web site:

<http://www.healthandwelfare.idaho.gov/site/3384/default.aspx>